

# FERMILAB DENTAL BENEFIT COMPARISON

## October 1, 2006-December 31, 2007

		<u>CIGNA DENTAL PPO PLAN</u>		<u>CIGNA DENTAL HEALTH (HMO Plan)</u>
Annual Maximum Benefit		\$2,000		None
Deductible (Your cost)		\$50		None
<b><u>Sample of Out-of-Pocket Costs</u></b>		<b><u>COST TO YOU</u></b>		<b><u>COST TO YOU</u></b>
<u>Procedure</u>	<u>National Average Dentist Charge</u>	<u>Average IN NETWORK</u>	<u>Average OUT OF NETWORK</u>	
Oral Exam	\$54.00	\$0	\$0	\$0
Adult Cleaning	\$116.00	\$0	\$0	\$0
Child Cleaning	\$82.00	\$0	\$0	\$0
Bitewing x-ray	\$48.00	\$0	\$0	\$0
Filling, Amalgam 1 Surface	\$91.00	\$12.80**	\$18.20**	\$0
Anterior Root Canal	\$465.00	\$65.00**	\$93.00**	\$0
Two Quads of Perio Scaling & Root Planing	\$296.00	\$41.40**	\$59.20**	\$140.00
Child Single Extraction	\$83.00	\$11.60 **	\$16.60**	\$5.00
Porcelain Crown	\$777.00	\$271.00**	\$388.50**	\$375.00
Complete Upper Denture	\$925.00	\$399.00**	\$462.50**	\$385.00
Orthodontics - 24 months Children Adult Retention Additional	\$4584.00 \$4827.00***	\$1355.00** \$4827.00	\$1940.50** \$4827.00	\$2600.00 \$3200.00

EXCLUSIONS AND LIMITATIONS ARE CONTAINED IN THE CONNECTICUT GENERAL GROUP DENTAL INSURANCE CERTIFICATE.

\*\* Subject to the \$50.00 deductible.

\*\*\* Adult orthodontia is not covered under the dental PPO plan.